

Edgar Filing: ATLAS MINERALS INC - Form 4

ATLAS MINERALS INC  
 Form 4  
 September 05, 2002

-----  
F O R M 4

U.S. SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

[X] Check this box if  
 no longer Subject  
 to Section 16.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or  
 Section 30(f) of the Investment Company Act 1940

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol		6. Relationship to Issuer	
Pension Benefit Guaranty Corporation			Atlas Minerals, Inc (ATMR)		Di	
(Last)	(First)	(MI)	3. IRS Identification Number of Reporting Person, if an entity (Voluntary)		4. Statement for Month/Year	
1200 K Street, N.W., Suite 870			--		September 2002	
(Street)					5. If Amendment, Date of Original (Month/Year)	
Washington	DC	20005			7. Indicate if this is a Form 4 (X) or Form 3	
(City)	(State)	(Zip)			---	

TABLE I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Mon/Day/Yr)	3. Transaction Code (Instr. 8)	4. Security Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5)		5. Amount or Number of Securities (Instr. 3, 4 & 5)
			Amount	Price	
Common Stock	9/3/02	S	334,315	D \$0.248266	488,000



Edgar Filing: ATLAS MINERALS INC - Form 4


Explanation of Responses:

Pension Benefit Guaranty  
By: Pacholder Associates

\*\*Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

By: /s/ David A.

Note: File three copies of this form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

-----  
\*\*Signature of  
David A. Groshoff  
President and General Manager  
for Pacholder Associates  
Agent for Pension Benefit Guaranty  
Corporation

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMD Number